

Data Gaps and Health Disparities for Asians and Pacific Islanders Highlighted in Healthy People 2010 Initiative

Introduction

Under the banner of “Partnership for Health in the New Millennium,” the Department of Health and Human Services (DHHS) launched the Healthy People 2010 initiative in January 2000. Healthy People 2010, the third in a set of decade-long initiatives that started in 1979, is a comprehensive, nationwide health promotion and disease prevention agenda for improving the health of all people in the nation by 2010. It serves as a plan of action and resource allocation for DHHS.

Healthy People 2010 has two overall goals: (1) helping individuals of all ages increase life expectancy and improve their quality of life and (2) eliminating health disparities among different segments of the populations. These include differences that occur by gender, race or ethnicity, education or income, disability, living in rural localities, or sexual orientation. With these overarching goals, the Healthy People 2010 has 28 focus areas and 467 objectives that encompass disease areas, health services infrastructure and capacity. DHHS also has developed a set of ten Leading Health Indicators for Healthy People 2010. The Leading Health Indicators were developed to make the initiative more understandable and accessible to the general public and to provide an easy tracking mechanism to measure the nation’s progress on meeting the initiative’s goals and objectives.

Healthy People 2010 Focus Areas

The 28 focus areas and 467 objectives in Healthy People 2010 include broad issues such as access to quality health care, public health service infrastructure and dissemination of health information as well as a focus on a specific set of illnesses, disability and premature deaths:

1. Access to Quality Health Services
2. Arthritis, Osteoporosis, and Chronic Back Conditions
3. Cancer
4. Chronic Kidney Disease
5. Diabetes
6. Disability and Secondary Conditions

7. Education and Community-Based Programs
8. Environmental Health
9. Family Planning
10. Food Safety
11. Health Communication
12. Heart Disease and Stroke
13. HIV
14. Immunization and Infectious Diseases
15. Injury and Violence Prevention
16. Maternal, Infant, and Child Health
17. Medical Product Safety
18. Mental Health and Mental Disorder
19. Nutrition and Overweight
20. Occupational Safety and Health
21. Oral Health
22. Physical Activity and Fitness
23. Public Health Infrastructure
24. Respiratory Diseases
25. Sexually Transmitted Diseases
26. Substance Abuse
27. Tobacco Use
28. Vision and Hearing

Leading Health Indicators

One of the new features of Healthy People 2010 is the set of Leading Health Indicators that will serve as a set of measures that will provide a snapshot of the health of the nation. These indicators will be tracked and progress will be reported at the national and state level to spotlight achievements and challenges. Each of these indicators includes specific objectives that will be monitored and reported as a report card on the health of the nation. The following are the list of ten Leading Health Indicators and the 22 objectives that were selected as performance measures for the indicators.

1. Physical Activity

- ⇒ Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.
- ⇒ Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.

2. Overweight and Obesity

- ⇒ Reduce the proportion of children and adolescents who are overweight or obese.
- ⇒ Reduce the proportion of adults who are obese.

3. Tobacco Use

- ⇒ Reduce cigarette smoking by adolescents.
- ⇒ Reduce cigarette smoking by adults.

4. Substance Abuse

- ⇒ Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days.
- ⇒ Reduce the proportion of adults using any illicit drug during the past 30 days.
- ⇒ Reduce the proportion of adults engaging in binge drinking of alcoholic beverages during the past month.

5. Responsible Sexual Behavior

- ⇒ Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active.
- ⇒ Increase the proportion of sexually active persons who use condoms.

6. Mental Health

- ⇒ Increase the proportion of adults with recognized depression who receive treatment.

7. Injury and Violence

- ⇒ Reduce deaths caused by motor vehicle crashes.
- ⇒ Reduce homicides.

8. Environmental Quality

- ⇒ Reduce the proportion of persons exposed to air that does not meet the U.S. Environmental Protection Agency's health-based standards for ozone.
- ⇒ Reduce the proportion of nonsmokers exposed to environmental tobacco smoke.

9. Immunization

- ⇒ Increase the proportion of young children who receive all vaccines that have been recommended for universal administration for at least 5 years.

- ⇒ Increase the proportion of noninstitutionalized adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.

10. Access to Health Care

- ⇒ Increase the proportion of persons with health insurance.
- ⇒ Increase the proportion of persons who have a specific source of ongoing care.
- ⇒ Increase the proportion of pregnant women who begin prenatal care in the first trimester of pregnancy.

Importance of Healthy People 2010 for Asian and Pacific Islander Health

The Asian and Pacific Islander American Health Forum (APIAHF) has been participating actively in the Healthy People initiative since the development of the Healthy People 2000 objectives in 1989. In September 1997, DHHS' progress review on the Healthy People 2000 objectives relevant to Asians and Pacific Islanders was held at APIAHF's *Voices from the Community* national conference in San Francisco. APIAHF also provided extensive comments on the development of the Healthy People 2010 goals and objectives.

In addition to elevating the elimination of health disparities among different segments of the populations, including racial and ethnic minorities, to an overall goal, the Healthy People 2010 initiative recognizes the diversity within Asian and Pacific Islander communities and makes significant progress in clarifying the availability of data for Asians and Pacific Islanders.

Recognition of the Diversity and Disparities Among Asian and Pacific Islander Populations

The Healthy People 2010 document states that "Asians and Pacific Islanders, on average, have indicators of being one of the healthiest population groups in the United States. However, there is great diversity within this population group, and health disparities for some specific groups are quite marked. Women of Vietnamese origin, for example, suffer from cervical cancer at nearly five times the rate for white women. New cases of hepatitis and tuberculosis are higher in Asians and Pacific Islanders living in the United States than in whites."¹

¹ *Healthy People 2010*. Conference edition. Washington, DC: US Depart Health and Human Services; 2000; page 12.

Since one of two goals of Healthy People 2010 is the elimination of disparities, it is encouraging that the initiative recognizes the health disparities that affect the Asian and Pacific Islander population as a whole as well as those that affect specific Asian and Pacific Islander communities.

Clarification of Data Reporting and Availability

Two of APIAHF's comments on the draft Healthy People 2010 objectives were to (1) follow the 1997 Office of Management and Budget Standards for Maintaining, Collection and Presenting Federal Data on Race and Ethnicity,² using an "Asian" classification distinct from a "Native Hawaiian and Other Pacific Islander" classification and (2) when there is no Asian or Pacific Islander data, to specify whether a) Asian or Pacific Islander data has not been collected at all, b) Asian or Pacific Islander data has been collected but has not yet been analyzed or c) Asian or Pacific Islander data has been analyzed but is not reported due to small sample size.³

The final Healthy People 2010 document contains three categories of data: "Asian or Pacific Islander,"⁴ "Asian," and "Native Hawaiian and Other Pacific Islander" on all the objectives with population data tables. In addition, whenever Asian and Pacific Islander data are NOT available, the initiative provides the reasons for the absence of data in three ways:

- DNA=data have not been analyzed
- DNC=data are not collected
- DSU=data are statistically unreliable.

This clarification is tremendously helpful in determining approaches to increase the reliable data on Asian and Pacific Islander populations. An inventory of data by the three classifications allows prioritization of the data that need to be analyzed or collected or situations in which there needs to be an increase in the sample size of the dataset to make it statistically reliable.

Availability of Asian and Pacific Islander Data for the Leading Health Indicators

Since the Leading Health Indicators will be used to measure progress towards the goals of Healthy People 2010, it is critical that all the indicators have data for Asians and Pacific Islanders. Without such data, the goals of eliminating health disparities based on race cannot be achieved. Therefore, it is critical

² Office of Management and Budget. Revisions to the standards for the classification of Federal data on race and ethnicity. *Federal Register*. 1997; 62:58781-90. All federal departments are required to implement the OMB standards by 2003.

³ <http://www.apiahf.org/hp2010.html>

⁴ More accurately, this category should be named "Asian *and* Native Hawaiian and Other Pacific Islander."

to survey the current availability of the Asian and Pacific Islander data for the 22 objectives used in measuring the ten Leading Health Indicators.

In the narrative sections describing the ten Leading Health Indicators, there are only two references to Asians and Pacific Islanders. Under tobacco use, it is noted that “[r]ates of smoking in Asian and Pacific Islander men are more than four times higher than for women of the same race.”⁵ Under environmental quality, it is noted that a disproportionate number of Hispanics and Asian and Pacific Islanders live in areas with unhealthy air.⁶

The table below shows the availability of Asian and Pacific Islander data for each of the 22 objectives for the ten Leading Health Indicators. If the data are not available, the reasons for the lack of data is provided.⁷

Leading Health Indicators (22 indicators)*	Healthy People 2010 Target	Current National Baseline	Asian or Pacific Islander	Asian	Native Hawaiian and Other Pacific Islander
Physical Activity (2 objectives)					
<i>22-7 Increase the proportion of adolescents (students grades 9-12) who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion</i>	85%	1999: 65%	1999: DSU	1999: DSU	1999: DSU
<i>22-2 Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day</i>	50%	1997: 32%	1997: 27%	1997: 27%	1997: DSU
Overweight and Obesity (2 objectives)					
<i>19-3c Reduce the proportion of children and adolescents (aged 6-19 years) who are overweight or obese</i>	5%	1988- 94: 11%	1988- 94: DSU	1988- 94: DNC	1988-94: DNC

⁵ *Healthy People 2010*. Conference edition. Washington, DC: US Depart Health and Human Services; 2000; page 31.

⁶ *Healthy People 2010*. Conference edition. Washington, DC: US Depart Health and Human Services; 2000; page 41.

⁷ Data were updated in August 2002 using CDC Wonder at <http://www.health.gov/healthypeople/Data/data2010.htm> or <http://wonder.cdc.gov/data2010/>.

Leading Health Indicators (22 indicators)*	Healthy People 2010 Target	Current National Baseline	Asian or Pacific Islander	Asian	Native Hawaiian and Other Pacific Islander
<i>19-2 Reduce the proportion of adults (aged 20 years and older) who are obese</i>	15%	1988-94: 23%	1988-94: DSU	1988-94: DNC	1988-94: DNC
Tobacco Use (2 objectives)					
<i>27-2b Reduce cigarette smoking by adolescents (students grades 9-12 who smoked cigarettes in the past month)</i>	16%	1999: 35%	1999: DSU	1999: DSU	1999: DSU
<i>27-1a Reduce cigarette smoking by adults</i>	12%	1998: 24%	1998: 13%	1998: 13%	1998: DSU
Substance Abuse (3 objectives)					
<i>26-10a Increase the proportion of adolescents (aged 12-17 years) not using alcohol or any illicit drugs during the past 30 days</i>	89%	1998: 79%	1998: 87%	1998: DNC	1998: DNC
<i>26-10c Reduce the proportion of adults using any illicit drug during the past 30 days</i>	2.0%	1998: 5.8%	1998: 2.5%	1998: DNC	1998: DNC
<i>26-11c Reduce the proportion of adults engaging in binge drinking of alcoholic beverage during the past month</i>	6.0%	1998: 16.6	1998: 10.1%	1998: DNC	1998: DNC
Responsible Sexual Behavior (2 objectives)					
<i>25-11 Increase the proportion of adolescents (students grades 9-12) who abstain from sexual intercourse or use condoms if currently sexually active</i>	95%	1999: 85%	1999: DSU	1999: DSU	1999: DSU
<i>13-6a Increase the proportion of sexually active persons who use condoms (females aged 18 to 44 years)</i>	50%	1995: 23%	1995: DSU	1995: DNC	1995: DNC

Leading Health Indicators (22 indicators)*	Healthy People 2010 Target	Current National Baseline	Asian or Pacific Islander	Asian	Native Hawaiian and Other Pacific Islander
Mental Health (1 objective)					
<i>18-9b Increase the proportion of adults with recognized depression who receive treatment</i>	50%	1997: 23%	1997: DSU	1997: DNC	1997: DNC
Injury and Violence (2 objectives)					
<i>15-15a Reduce deaths caused by motor vehicle crashes (deaths per 100,000 population)</i>	9.2	1998: 15.0	1998: 8.5	1998: DNC	1998: DNC
<i>15-32 Reduce homicides (per 100,000 population)</i>	3.0	1998: 6.2	1998: 3.3	1998: DNC	1998: DNC
Environmental Quality (2 objectives)					
<i>8-1a Reduce the proportion of persons exposed to air that does not meet the U.S. EPA's health-based standards for ozone (no race/ethnic data available)</i>	0%	1997: 43%	1997: 69%	1997: 71%	1997: 39%
<i>27-10 Reduce the proportion of nonsmokers (aged 4 years and older) exposed to environmental tobacco smoke</i>	45%	1988- 94: 65%	1988- 94: DSU	1988- 94: DNC	1988-94: DNC
Immunization (3 objectives)					
<i>14-24a Increase the proportion of young children (aged 19-35 months) who receive all vaccines that have been recommended for universal administration for at least 5 years</i>	80%	1998: 73%	1998: 73%	1998: DNC	1998: DNC
<i>14-29a Increase the proportion of noninstitutionalized adults (aged 65 and older) who are vaccinated annually against influenza</i>	90%	1998: 64%	1998: 68%	1998: 67%	1998: DSU
<i>14-29b Increase the proportion of noninstitutionalized adults (aged 65 and older) who are ever vaccinated against pneumococcal disease</i>	90%	1998: 46%	1998: 36%	1998: 36%	1998: DSU

Leading Health Indicators (22 indicators)*	Healthy People 2010 Target	Current National Baseline	Asian or Pacific Islander	Asian	Native Hawaiian and Other Pacific Islander
Access to Health Care (3 objectives)					
<i>1-1 Increase the proportion of persons (under age 65 years) with health insurance</i>	100%	1997: 83%	1997: 81%	1997: 81%	1997: 81%
<i>1-4a Increase the proportion of persons (all ages) who have a specific source of ongoing care</i>	96%	1998: 87%	1998: 84%	1998: 84%	1998: DSU
<i>16-6a Increase the proportion of pregnant women who begin prenatal care in the first trimester of pregnancy</i>	90%	1998: 83%	1998: 83%	1998: 86%	1998: 75%

Results

Of the 22 objectives that will be used to measure the Leading Health Indicators,

- A. Only three (3) currently comply with the 1997 OMB standards and have separate data for Asians and for Native Hawaiians and Other Pacific Islanders (Objectives 8-1a, 1-1, 16-6a).
- B. Another six (6) objectives only have aggregated Asian and Pacific Islander data (Objectives 26-10a, 26-10c, 26-11c, 15-15-a, 15-32, 14-24a).
- C. Five (5) have both aggregated data and data for Asians but not for Native Hawaiians and Other Pacific Islanders (Objectives 22-2, 27-1a, 14-29a, 14-29b, 1-4a).
- D. Eight (8) of the 22 objectives do not even have statistically reliable aggregated Asian and Pacific Islander data (Objectives 22-7, 19-3c, 19-2, 27-2b, 25-11, 13-6a, 18-9b, 27-10).

Since March 2000, when this paper was first written, three (3) objectives that had data for NHOPI now have statistically unreliable data (Objectives 22-2, 27-1a, 1-4a). One (1) objective that had statistically unreliable data now has disaggregated data for both Asian and Native Hawaiian and Other Pacific Islander (Objective 8-1a).

When the data that is available is analyzed, there are several important findings. For the two of the three (Objectives 8-1a and 16-6a) objectives in which data is available for Asians and Pacific Islanders both aggregated and disaggregated, the Native Hawaiian and Other Pacific Islander health status is below that of the Asian and the aggregated Asian or Pacific Islander categories. This finding highlights the

importance of disaggregating the data so that these types of health disparities for Native Hawaiians and Other Pacific Islanders are not overlooked. In addition, for all three of these objectives, the current status of Asians and Pacific Islanders are still below the targets for 2010.

For ten of the eleven (all except Objective 15-5a) other objectives for which some Asian and Pacific Islander data is available, the current status of Asians and Pacific Islanders also are below the targets for 2010. *Thus, the overall generalization of Asians and Pacific Islanders as a healthy “model minority” population is not supported by the limited data available in the Healthy People 2010 Initiative.* If all Americans are to make progress towards achieving the targets for 2010, both the lack of data and the continuing disparities of Asian and Pacific Islanders must be addressed.

Policy Recommendation

Given the critical role that the Leading Health Indicators will play in monitoring the nation’s progress on the Healthy People 2010 initiative, it is vital to address the serious lack of data for Asians and Pacific Islanders as soon as possible. APIAHF urges DHHS to develop and implement a plan to collect, analyze and report data on Asians and on Native Hawaiian and Other Pacific Islanders for all 22 of the objectives used to measure the ten Leading Health Indicators. The remaining Healthy People 2010 objectives also should be analyzed to prioritize the collection and analyses of data for Asians and Pacific Islanders to ensure that the initiative is addressing the health of all Americans.